

DEPARTMENT OF HUMAN SERVICES
DIVISION OF SERVICES FOR PEOPLE WITH DISABILITIES

Eligibility for Intellectual Disabilities Services

Applicant's Name: _____ Date of Birth: _____ Client ID: _____

Assessments:

- | | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Are the required assessments completed? | Additional Documentation (optional): |
| <input type="checkbox"/> ICAP | <input type="checkbox"/> Medical Summary/Physical |
| <input type="checkbox"/> Social History | <input type="checkbox"/> Mental Health/Psychiatric Evaluation |
| <input type="checkbox"/> Psychological Evaluation; or | <input type="checkbox"/> Educational Evaluation |
| <input type="checkbox"/> Developmental Assessment (<i>if under 7 years</i>) | <input type="checkbox"/> Other: _____ |

Resident/Diagnosis:

- Yes No Is the applicant a resident of Utah?
- Yes No Does the applicant have a required diagnosis?
- Intellectual Disabilities: IR Level: _____ by _____ date _____
 - Meets definition in the Diagnostic and Statistical Manual of Mental Disorders (DSM).
 - Related Condition: Diagnosis: _____ by _____ date _____
 - Meets definition in Utah Administrative Rule R539-1-3(2)(m).

If "No," comment: _____

Functional Limitations:

- Yes No Does the applicant have three or more substantial, chronic, functional limitations in the following areas of major life activity? *Check all that apply and record the assessment and date used to substantiate the determination:*
- 1. Self-Care: _____
 - 2. Expressive and/or Receptive Language: _____
 - 3. Learning: _____
 - 4. Mobility: _____
 - 5. Capacity for Independent Living: _____
 - 6. Self-Direction: _____
 - 7. Economic Self-Sufficiency (*not applicable if under 18 years*): _____

- Yes No Are any of the above functional limitations due to mental illness, hearing impairment and/or visual impairment, learning disability, behavior disorder, substance abuse or personality disorder?

If "Yes", indicate the number of the life activity(s), the exclusion, and the assessment used to substantiate the determination: _____

Eligibility Determination:

- Yes No Is the applicant eligible for non-waiver intellectual disabilities services based on information in the Division of Services for People with Disabilities record at this time?

Signed: _____, QMRP Date: _____